

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 07/12/2010

Address: 4765 E. C.R. 20 N.

Case #: 42F30843

County: JENNINGS

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open – No Structure
☒ Other:
CAMPER/RV

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: IN JARS IN CAMPER
☒ Water Reactive Metal (Lithium): IN CAMPER
☐ Anhydrous Ammonia: _____
☒ Hydrochloric Acid Gas Generator(s): IN CAMPER
☒ Corrosive Acid: IN CAMPER
☒ Corrosive Base: IN CAMPER
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☐ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: CAMPBELL TWNSHP.

Fax: 812-458-6953

Health Department: JENNINGS CO.

Fax: 812-352-3030

Child Protection Service: N/A

Fax: N/A

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: MARTIN A. MEAD Phone 812-522-1441

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.